

July 15, 2003

Re: MDR #: M2-03-1277-01-SS
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spine Surgery.

Clinical History:

This female patient injured herself on her job on _____. She underwent a C5-6 fusion in October 1999 after an MRI showed a large disc herniation at this level. In late 2000 or early 2001, a left carpal tunnel release was performed for symptomatic carpal tunnel syndrome.

The patient presented at repeated instances to her physician in 2002 with neck pain, shoulder pain, and hand weakness. MRI scan dated 06/18/02 reveals a small right paramedian herniated disc at C6-7, with no cord compression. A letter dated 04/02/03 mentions weakness in the hands and a C-7 radiculopathy. However, no objective measurement of such a C-7 radiculopathy was found in the records provided. The physician recommended a C6-7 anterior cervical discectomy fusion.

Disputed Services:

C6-7 anterior cervical fusion.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is not medically necessary in this case.

Rationale:

The repeated office visit notes from 2002 mention neck pain, shoulder pain, and hand weakness. However, no weakness or reflexes are ever documented on examinations. No objective measurement of the weakness in the hands, and the C-7 radiculopathy noted on 04/02/03, were presented. No mention is made of strength; no mention is made of reflexes. Essentially, there are no objective signs of this C-7 radiculopathy. An independent medical evaluation of this patient is required to determine if she does, indeed, need a C6-7 anterior cervical discectomy and fusion.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 15, 2003.

Sincerely,